

## First Class Operating Guidelines

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DD. Suggested Topics to Cover During Parent Orientation

## APPENDIX A

### Alabama Pre-Kindergarten Program Pre-K Code of Student Behavior- Notice of Receipt

County: \_\_\_\_\_

*To be signed and immediately returned to school*

I, \_\_\_\_\_, have a child enrolled in the OSR Pre-K program at  
Parent/Guardian

\_\_\_\_\_. I/we acknowledge by my/our signatures that  
Name of Pre-K Site

I/we received, read or had read to me/us section 3.3 of the *Operating Guidelines for Pre-Kindergarten Programs* which is the Pre-K Code of Student Behavior. We understand that these procedures apply to **all** students and parents in the OSR Pre-K program and at activities and events sponsored or supervised by OSR Pre-K program staff.

**Note:** *If the child lives with both parents or guardians, both are to sign the statement. If the child lives with only one parent, only one signature is required.*

(Signed) \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Child's Name

## APPENDIX B

### Alabama Pre-Kindergarten Program Child Physical Examination Form

Name of Program: \_\_\_\_\_ County: \_\_\_\_\_

*To be completed by child's nurse or physician within 30 days of enrollment*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Date \_\_\_\_\_ HT \_\_\_\_\_ = \_\_\_\_\_ % WT \_\_\_\_\_ = \_\_\_\_\_ % BP \_\_\_\_\_

Eyes \_\_\_\_\_ Ears \_\_\_\_\_

Nose/Throat \_\_\_\_\_ Teeth \_\_\_\_\_

Heart \_\_\_\_\_ Circulation \_\_\_\_\_

Lungs \_\_\_\_\_

Skin \_\_\_\_\_ Nutrition \_\_\_\_\_

Special Conditions:

Allergies \_\_\_\_\_

Daily Medications \_\_\_\_\_

Other \_\_\_\_\_

*PLEASE PRINT LEGIBLY*

Examined By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_

To be submitted on-line AND mailed to the Alabama Office of School Readiness

# APPENDIX C

## Alabama Pre-Kindergarten Program

### STUDENT HEALTH SCREENING RECORD

*To be completed by Community Resource Provider (NOT Pre-K teacher or director)*

Name of Program: \_\_\_\_\_ County: \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle  
 Name of Health Insurance \_\_\_\_\_ Insurance # \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child's Soc. Sec.# \_\_\_\_\_

Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

P = Passed F = Failed \* = See Note

VISION	HEARING	DENTAL	HEIGHT/WEIGHT
Date _____ Circle one: (left eye) P        F Signature _____ _____ Date _____ Circle one: (right eye) P        F Signature _____	Date _____ Circle one: (left ear) P        F Signature _____ _____ Date _____ Circle one: (right ear) P        F Signature _____	Date _____ Comments: _____ _____ _____ Signature _____	Date _____ Inches _____ Pounds _____ Comments: _____ _____ _____ Signature _____
Comments: Correction Obtained: Date _____ Correction Obtained: Date _____ Signature _____	Comments: Correction Obtained: Date _____ Correction Obtained: Date _____ Signature _____	Additional Notes _____ _____ _____ _____ _____	Additional Notes _____ _____ _____ _____ _____

To be submitted on-line AND mailed to the Alabama Office of School Readiness

APPENDIX D  
Alabama Pre-Kindergarten Program  
**Health Screening and Physical Exam Parent Report**

To be completed by child's physician, nurse, community resource provider, **OR** site director

**SCHOOL:** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**SCHOOL YEAR:** \_\_\_\_\_

**Your child has been screened for:**

<b>SCREENING:</b>	<b>DATE:</b>	<b>RESULTS:</b>
_____ Hearing _____ Passed	_____	_____ Needs an exam by medical doctor.
_____ Vision _____ Passed	_____	_____ Needs an exam by medical doctor.
_____ Dental _____ Passed	_____	_____ Needs an exam by a dentist.
_____ Height _____ Passed	_____	_____ Needs an exam by a medical doctor.
_____ Weight _____ Passed	_____	_____ Needs an exam by a medical doctor.
_____ B/P _____ Passed	_____	_____ Needs an exam by a medical doctor.

**Explanation:**

\_\_\_\_\_  
\_\_\_\_\_

**Results of Physical Examination:**

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**(TO BE COMPLETED BY PARENTS)**

PARENTS PLEASE COMPLETE AND RETURN THE FOLLOWING INFORMATION BELOW TO YOUR SCHOOL/LOCAL NURSE.

**Referral Resources:**

\_\_\_\_\_ Yes, I need the name and telephone number of a local doctor.  
\_\_\_\_\_ Yes, I need the name and telephone number of a local dentist.  
\_\_\_\_\_ Yes, I need the name and telephone number of a local eye doctor.

**Health Insurance:**

\_\_\_\_\_ Yes, I have health insurance. Name of Insurance \_\_\_\_\_ # \_\_\_\_\_.  
\_\_\_\_\_ Yes, I have ALL KIDS Insurance. Number: \_\_\_\_\_.  
\_\_\_\_\_ Yes, I have Medicaid. Number: \_\_\_\_\_.  
\_\_\_\_\_ Yes, I have Alabama's Child Caring Foundation Insurance. Number: \_\_\_\_\_.  
\_\_\_\_\_ Yes, I need financial assistance.

Parent/Guardian	Mailing Address
City, State, Zip Code	Telephone
Child's Teacher	Grade

Note: Site completes top portion and give to parents, parents cut bottom portion, complete, and return it to the site to be kept on file

APPENDIX E  
Alabama Pre-Kindergarten Program  
**Approved Early Childhood Curriculum List**  
(Comprehensive Curricula)

Curriculum Name	Publisher	Vendor Name	Address	Phone Number	Email/Website
High Scope	High/Scope Educational Foundation	High/Scope Press	600 North River Street Ypsilanti, Michigan 48198-2898	1-734-485-2000	<a href="http://www.highscope.org">www.highscope.org</a>
Creative Curriculum	Teaching Strategies	Teaching Strategies, Inc.	P.O. Box 42243 Washington, DC. 20015	1-800-637-3652	<a href="http://www.teachingStrategies.com">www.teachingStrategies.com</a>
Montessori	No Publisher	Montessori Educators International, Inc.	Jane Dutcher 913 Cumberland Drive Louisville, TN 37777		
Opening the World of Learning (OWL)	Pearson Early Learning	Pearson Early Learning	145 S. Mt. Zion Rd. P.O. box 2500 Lebanon, IN 46052	1-800-552-2259	<a href="http://www.PearsonEarlyLearning.com">www.PearsonEarlyLearning.com</a>
Houghton Mifflin Pre-K	Houghton Mifflin	Houghton Mifflin	300 S. Rodney Parham Rd. #265 Little Rock, AR 72205	1-800-733-2828	<a href="http://www.eduplace.com">www.eduplace.com</a>
High Reach – PASSPORTS		HighReach Learning	5275 Parkway Plaza Blvd. Charlotte, NC 28217-1967	1-800-729-9988	<a href="http://www.highreach.com">www.highreach.com</a>
The Investigator Club	Robert-Leslie Publishing	Robert-Leslie Publishing	Sharon Jones 1007 Church St.; Suite 420 Evanston, Ill 60201	1-847-733-8100	<a href="http://www.robert-leslie.com">www.robert-leslie.com</a> ; <a href="http://www.investigatorclub.com">www.investigatorclub.com</a> <a href="mailto:Sharon.jones@robert-leslie.com">Sharon.jones@robert-leslie.com</a>
DLM Early Childhood Express	McGraw-Hill	Wright Group	220 E. Daniieldale Rd. Desota, TX 75115	1-800-684-2970	
Scholastic Early Childhood Curriculum	Scholastic Educational	Scholastic, Inc.	#10 Sechrest Circle Rogers, AR 72758	1-800-221-5312	<a href="http://www.scholastic.com">www.scholastic.com</a>

## APPENDIX F

### Alabama Pre-Kindergarten Program Time Line

STATUS	TASK	DATE
	Parent Contracts Signed	During enrollment
	Pre-K Code of Student Behavior- Notice of Receipt	During Enrollment
	Eligibility for TANF Services Form	During Enrollment
	Classroom Budget (standardized form)	When class begins
	Site Demographic Information Sheet	When class begins
	Teacher Demographic Information Form	When class begins
	Accreditation Documentation	30 days after program begins
	Parent Orientation Verification Form Parent Orientation Sign-In Sheet	30 days after program begins
	Planned Parent Activities for the Year	30 days after program begins
	Copies of Staff Background Checks – Lead, Assistant, & Sub	30 days after program begins
	Copies of child waiting lists	Ongoing- on site
	Child Demographic Form	Last day of August, November, February, and May
	Supply Purchase List	Ongoing (as needed)
	Physical Examination Form	Within 45 days of enrollment
	Annual Student Health Screening Record	Within 45 days of enrollment
	Mid-Year Teacher Training Verification Form	Last day of December
	Health Screening and Physical Exam Parent Report	Within 45 days of enrollment
	End-of-Year Report	30 days after end of program
	End-of-Year Teacher Training Verification Form	Attach to End-of-Year Report
	Parent Conference Verification	December, and attach to End-of-Year Report
	Family Enrichment Sign-In-Sheet	December, and attach to End-of-Year Report
	Parent Involvement/Enrichment Hours Log	December, and attach to End-of-Year Report
	OSR Equipment Inventory	December, and attach to End-of-Year Report
	OSR Lending Library Form	As Needed
	Parent, Teacher, Director Surveys	End of April



# Alabama Pre-Kindergarten Program Family Enrichment Sign-In Sheet

Program Name: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Workshop/Activity: \_\_\_\_\_

Topic: \_\_\_\_\_ # Credit Hours for Workshop: \_\_\_\_\_

NOTE: Families must participate in a **minimum of 6 hours** of Family Enrichment Activities/Workshops each program year.

[illegible]

Total Number of Parents that attended Workshop: \_\_\_\_\_

NOTE: All sign-in sheets must be kept on-site

## APPENDIX H

### Alabama Pre-Kindergarten Program Log of Parent Involvement/Enrichment Hours

Program Name: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

NAME OF PARENT / Name of Child	# hrs. Aug.	# hrs. Sept.	# hrs. Oct.	# hrs. Nov.	# hrs. Dec.	# hrs. Jan.	# hrs. Feb.	# hrs. Mar	# hrs. April	# hrs. May
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										

To be kept on-site

## APPENDIX I

### Alabama Pre-Kindergarten Program Parent Conference Verification

Program Name: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### Mid-Year Parent Conference (held before January 31<sup>st</sup>)

Child's Name: \_\_\_\_\_ Date of Parent Conference: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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#### End of Year Parent Conference (held before May 31<sup>st</sup>)

Child's Name: \_\_\_\_\_ Date of Parent Conference: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

NOTE: Copies of this form must be kept on-site

## APPENDIX J

### Alabama Pre-Kindergarten Program Parent Contract

Name of Program: \_\_\_\_\_ County: \_\_\_\_\_

The intent is for your child to gain the greatest possible benefits from this preschool experience. As space is limited, selection to the program is a privilege that requires parental responsibilities. Each parent is asked to carefully consider the following requirements for participating in the program. Your signature will acknowledge that you understand and agree to abide by these guidelines.

**I agree to:**

1. Attend an orientation session at the beginning of the school year.
2. Attend one scheduled parent conference each semester resulting in two conferences per school year.
3. Meet with my child's teacher in my home if requested to do so.
4. Attend 6 hours of Family Enrichment Workshops per school year.
5. Have my child at school by \_\_\_\_\_ a.m. (Children will not be admitted into the building before \_\_\_\_\_ a.m.)
6. Pick up my child at \_\_\_\_\_ p.m. (Children must be picked up no later than \_\_\_\_\_ p.m.)
7. Send a written excuse to my child's teacher for every absence.
8. Work cooperatively with my child's teacher by agreeing to follow the Discipline Policy.
9. Assume responsibility for my child's conduct.
10. Submit all appropriate forms and documentation to site location by given deadlines.
11. Give permission to the Alabama Office of School Readiness (OSR) to track the academic performance of my child for the next four years (pre-k through third grade).
12. Give permission to the Alabama Office of School Readiness to photograph my child engaged in instructional activity and to use my child's demographic information for OSR reports and publications (**no** identifiable information will be directly associated with your child).

I understand that failure to comply with any of these guidelines will result in my child's dismissal from the Pre-Kindergarten Program.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

To be **mailed** to the Alabama Office of School Readiness

## APPENDIX K

### Alabama Pre-Kindergarten Program Supply Purchase List

Program Name: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NOTE: Any materials NOT listed on the approved supply and equipment list must be pre-approved by the assigned technical assistant PRIOR to purchasing.

Equipment/Materials/Supplies	Purpose/Use	Quantity	Price

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX L

### Alabama Pre-Kindergarten Program Required Equipment, Materials & Supplies

**Priority One:** (must be included in all classrooms the first year of operation)

- Round, rectangular or kidney shaped tables; two or three tables are usually enough; children are comfortable working/playing on carpeted floors
- Child-sized chairs (*kindergarten size is usually best; some four year olds are tall!*)
- Large, colorful carpet for large group gathering and block play
- Cots
- Low shelves for storage and use as room dividers
- Storage containers for materials, multi-sized, preferably clear
- Storage for children's possessions
- Unit blocks, starter set
- Variety of small blocks such as: legos, bristle, wood, cardboard bricks, building logs, Duplo, small wood, waffle and etc. (*Minimum of 4 sets*)
- Block play props such as: set of small vehicles, multi-cultural people figures, career people figures, traffic signs, animal figures, steering wheels and etc. (*Minimum of 8 sets*)
- Variety of puzzles; include puzzles with many different subjects and number of pieces, floor puzzles, 3-D puzzles and etc. (*Minimum of 12 puzzles*)
- Variety of manipulatives such as: gears, pattern blocks and cards, pegs and peg boards, shape, picture and letter templates, sorting sets, beads for stringing, counters (ex. Multi-colored-sized bears, unifix cubes, animals, shapes), 3-D letters and numbers, tactile materials, stacking toys, parquetry blocks, magnetic play set, geoboards, balance scale, magnetic marbles and wand and etc. (*Minimum of 10 sets*)
- Wide variety of children's books; include rhyming alliteration, predictable, informational, classics, award winners, nursery rhymes, poetry (*Minimum of 36 books, either classroom or from a library*)
- Variety of big books (*Minimum of 6*)
- Class/child made books, photo books of class trips or events
- Pillows, rug, child sized rocker or beanbag chairs for reading area
- Rhyming, alphabet, number puzzles, games and pictures
- Dramatic play kitchen set
- Dramatic play home props such as: dishes, pots and pans, eating and cooking utensils, food containers, plastic food sets, empty food containers, small appliances with cords cut, dress-up clothes, shoes, purses, hats, mirror, place mats, measuring cups, spoons, graduated size mixing bowls, glasses, broom, mop, vacuum cleaner, hair dryer, curling iron, notepads, writing instruments, books, magazines, telephones and telephone book (*parents and others will donate many of the listed items; "real" items work well*)
- Variety of dolls
- Furniture for dolls
- Variety of paint (tempera, finger, water color), crayons ("fat" and small), markers, colored pencils and other drawing/painting media
- Paper in a variety of sizes, shapes, weight, texture, colors
- Double easel
- Paint brushes, sponges, sponge brushes and other painting instruments
- Paint cups
- Art aprons

- Stencils
- Glue
- Play dough/clay
- Clay cutters and other clay play equipment
- Children's scissors
- Variety of materials for children's creating such as: sequins and spangles, paper shapes, yarn, string, ribbon, felt, paper and fabric scraps, wallpaper samples, wiggly eyes, lace, chenille strips, glitter, pom poms, staplers (*minimum 3*) and hole punchers (*minimum 5*)
- Variety of tape such as: masking, clear, colored, plastic
- Staplers, (3)
- Hole punchers, at least (5)
- Sidewalk chalk
- White and colored drawing chalk
- Cassette/CD player
- Variety of music tapes/CDs for children (*minimum 10*)
- Children's musical instruments school-made or purchased (*set of 10*)
- Materials for writing center/area such as: pencils, pens, markers, crayons, old computer keyboard, catalogs, office forms, "junk" mail, telephones, guest checks, receipt books, order forms, children's name cards, variety of paper and any other items that entice children to "write"
- Paper, notebooks, pads and writing instruments to be placed in all centers/areas
- Gross motor materials such as: balls, streamers, parachute, riding toys, hoops, large balls/bats, short basketball goal, ring toss, folding tent, and wagons

\*Note: Always include upper and lower case in alphabet sets

**Priority 2:** (may be added after priority 1 requirements are met)

- Additional unit blocks
- Hollow blocks
- Additional block sets
- Large vehicles for block play
- Sand and Water table(s)
- Sand and Water play toys such as: buckets, cups, measuring cups, sifter, funnel, tubing, sponges, small cars, trucks, squeeze bottles, spray bottles, boats, dishwashing liquid, variety of molds including alphabet and numbers
- Variety of puppets
- Puppet stage
- Stuffed animals
- Flannel board and materials
- Magnetic board and a variety of magnets
- Dry erase board and markers
- Additional dramatic play props
- Additional manipulatives
- Additional materials for creating in Art
- Drying rack
- Additional "found" materials
- Additional paint and play-doh/clay colors
- Pipe works
- Child sized sofa and chair
- Play house, farm garage and etc.

- Tool box, tools, workbench, safety glasses
- Additional dolls and doll accessories
- Canister set
- Tablecloth
- Luggage
- Additional dress-up props
- Play mats such as: town, farm, zoo, and etc.
- Additional colorful rugs
- Chart rack



## APPENDIX M

### Alabama Pre-Kindergarten Program **Waiver Request Form**

Name of Program: \_\_\_\_\_ County: \_\_\_\_\_

Date: \_\_\_\_\_

Nature of Request:

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Reasons for Request:

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Plan of Action and Estimated Deadline by Which Grantee Will Reach Compliance:

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\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Date

## APPENDIX N

### Alabama Pre-Kindergarten Program **Suggested Parent Enrichment Workshops**

1. Career Opportunities for Parents
2. Dealing with Grief
3. Life Changes that Affect Children
4. Safety with Children
5. Early Intervention; Identifying Children with Special Needs
6. APT/Ready to Learn
7. Kindergarten Readiness
8. Child/Infant CPR
9. Early Literacy
10. Integrating Environmental Print
11. Family Support Services
12. Healthy Eating Habits
13. Healthy Teeth, Healthy Mouth, Healthy You
14. Child Health and Nutrition
15. Transitioning to Kindergarten
16. Fire Safety
17. Problem Solving
18. Building Healthy Family Relationships
19. Active Parenting
20. Physical Fitness for your Child
21. Characteristics of Four-Year-Olds; Knowledge of Child Growth & Development
22. Effective Discipline; Behavior Management
23. Building Your Child's Self-Esteem
24. Child Abuse
25. Parent Involvement
26. Setting Boundaries with Children
27. Cooking with Kids
28. Parent/Child Interaction
29. Child's Play; Learning Through Play
30. Techniques to Extend Conversation; The Importance of Daily Conversations & Reading
31. Preschool Curriculum
32. Motherread/Fatheread
33. Coping with the Stress of Being a Parent
34. How to Help Your Child Become Successful
35. Household Hazards
36. Germs & Hand washing
37. Educational Toys
38. Community Safety
39. Use of Community Resources
40. Extending Learning in the Home Environment; Quick and Easy Learning Activities for the Home

## APPENDIX O

### Alabama Pre-Kindergarten Program Parent Fee Sliding Scale

#### *Percent of Poverty*

<i>Payment Component</i>	<i>0-100%</i>	<i>101-200%</i>	<i>201-300%</i>	<i>301-400%</i>	<i>&gt;400%</i>
<i>Parent Portion</i>	\$40.00	\$40.00	\$100.00	\$200.00	\$300.00
<i>State Portion</i>	\$260.00	\$260.00	\$200.00	\$100.00	\$0
<i>Total Per Child</i>	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00
<i>Income Range For Family of 4</i>	Up to \$20,000	\$20,000- \$40,000	\$40,001- \$60,000	\$60,001- \$80,000	Above \$80,000

## APPENDIX P

### Alabama Pre-Kindergarten Program

#### **Teacher Salary Scale** (Non-Certified & Certified)

	<b>CDA</b>	<b>AA</b>	<b>BS/BA</b>	<b>Certified</b>
<b><i>First Class Salaries</i></b>	\$17,679	\$21,725	\$30,900	\$36,144*

These are minimum starting salaries. Programs can adjust salaries based on additional years of experiences. OSR will not allow programs to use **all** of OSR funding to support salaries.

*\*Refer to the Alabama State Department of Education Teacher Salary Schedule*

## APPENDIX Q

### Alabama Pre-Kindergarten Program Alabama State Department of Education Teacher Salary Schedule

FY 2009 Foundation Program					
State Minimum Salary Schedule Classroom Teachers					
Public School Experience – 187 Day Contract					
	Bachelor	Master	6-Year	Doctoral	Non-Degree
	<b>BS</b>	<b>MS</b>	<b>6Y</b>	<b>DO</b>	<b>ND</b>
< 3 yrs	36,144	41,564	44,818	48,071	36,144
< 6 yrs	39,756	45,720	49,297	52,877	39,756
< 9 yrs	41,497	47,721	51,470	55,191	41,497
< 12 yrs	42,053	48,362	52,148	55,932	42,053
< 15 yrs	42,818	49,238	53,093	56,949	42,818
< 18 yrs	43,794	50,364	54,305	58,244	43,794
<21 yrs	44,360	51,012	55,005	58,999	44,360
24 yrs	44,926	51,666	55,708	59,752	44,926
< 27 yrs	45,461	52,201	56,245	60,288	45,461
27+ yrs	45,997	52,737	56,780	60,824	45,997
<p>The anniversary date of experience shall be used to determine the appropriate step for experience.</p> <p>An employee is entitled to pay for an advanced degree in the monthly pay period that begins after the State Superintendent recognizes the advanced degree. If the contract period has ended, the increase in pay will become effective with the first pay period of the next contract. The advanced degree must be earned from a regionally accredited institution.</p>					

## APPENDIX R

### Alabama Pre-Kindergarten Program Standardized Site Budget Form

Date _____		
Name of Program: _____ County: _____		
Approved Budget Category	Approved Budget Amt.	Amount Expended
Personnel		
Fringe Benefits		
Travel (includes lodging)		
Training		
Administrative Supplies (includes janitorial & health supplies)		
Classroom Equipment		
Field Trips		
Instructional Materials		
Parent Program		
Substitutes		
Postage		
Classroom Maintenance		
Safety Enhancement		
Health Services		
Food		
Special Education Services		
Computer Support		
Utilities		
Transportation		
Playground Equipment		
Advertising		
Insurance		
Other (please list)		

To be submitted on-line (Aug, Jan, May)

## APPENDIX S

### Alabama Pre-Kindergarten Program Site Demographic Information Form

Name of Program:	
County:	
Type of Site (circle one)	<div style="display: flex; justify-content: space-between;"> <span>Head Start Public School</span> <span>Private Child Care Faith Based</span> <span>College/University Community (i.e. housing authority)</span> </div>
Physical Address:	
Fiscal Address: (mail check to)	
Name of Contact Person 1: Title of Contact Person: Phone Number: Email: Fax:	
Name of Contact Person 2: Title of Contact Person: Phone Number: Email: Fax:	
Number of Years in Operation: (OSR Pre-K)	
Start Up Date:	
Child Selection Procedure Utilized:	
<b>Amt.</b> Parent Fees Charged:	
Hours of Operation: (a.m. - p.m.)	
<b>NAME</b> of Lead Teacher: Credentials: (attach documentation)	
<b>NAME</b> of Auxiliary Teacher: Credentials: (attach documentation)	
Selected Curriculum:	
Accreditation Status:	
Ending Date for Year:	

To be submitted on-line

## APPENDIX T

### Alabama Pre-Kindergarten Program Teacher Demographic Information Form

Name of Program: _____	County: _____
Contact Person: _____	Telephone Number: _____

#### Lead Teacher: \_\_\_\_\_

Name of Degree (attach documentation) \_\_\_\_\_

Date of Employment with Site: \_\_\_\_\_

Date of Employment with OSR Pre-K Program: \_\_\_\_\_

# Years in teaching profession \_\_\_\_\_

# Years teaching pre-kindergarten in professional career: \_\_\_\_\_

Date of termination from OSR Pre-K Program: \_\_\_\_\_

Reason for termination:  
\_\_\_\_\_

#### Auxiliary Teacher: \_\_\_\_\_

Name of Degree (attach documentation) \_\_\_\_\_

Date of Employment with Site: \_\_\_\_\_

Date of Employment with OSR Pre-K Program: \_\_\_\_\_

# Years in teaching profession \_\_\_\_\_

# Years teaching pre-kindergarten in professional career: \_\_\_\_\_

Date of termination from OSR Pre-K Program: \_\_\_\_\_

Reason for termination:  
\_\_\_\_\_

To be submitted on-line



## APPENDIX U

### Alabama Pre-Kindergarten Program Parent Orientation Verification

Program Name: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_ Number in Attendance: \_\_\_\_\_

Brief Summary of Orientation:

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- ☐ Attach copy of orientation agenda
- ☐ Attach copy of orientation sign-in sheet

NOTE: Copies of this form must be kept on-site

## APPENDIX V

### Alabama Pre-Kindergarten Program Parent Orientation Sign-In Sheet

Program Name: _____	County: _____
Contact Person: _____	
Telephone Number: _____	Date of Orientation: _____

NOTE: Parent Orientation must be provided within 20 working days of commencement of Pre-Kindergarten services.

Child's Name	<i>Parent/Guardian's Signature</i>	<i>Relation to Child</i>

NOTE: All sign-in sheets should be kept on-site

## APPENDIX W

### Alabama Pre-Kindergarten Program Eligibility for TANF Services

Name of Program: \_\_\_\_\_

Child's Name \_\_\_\_\_ County \_\_\_\_\_

Name \_\_\_\_\_ Parent's SSN \_\_\_\_\_

Street \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a parent of a child under 19? Yes ☐ No ☐

Do you have any related children under 19 living with you? Yes ☐ No ☐

Answer yes or no to each of the following questions.

1. Do you receive Family Assistance benefits from the Department of Human Resources? Yes ☐ No ☐
2. Do you receive Food Stamp benefits? Yes ☐ No ☐
3. Do you or your children receive Medicaid benefits or All Kids? Yes ☐ No ☐
4. Does your child(ren), under age 19, living with you, participate in the reduced or free lunch program at school? Yes ☐ No ☐
5. Do you receive help with the cost of childcare for your child(ren) through the Childcare Management Agency or JOBS? Yes ☐ No ☐
6. Does your child(ren) attend Head Start? Yes ☐ No ☐
7. Do you or your child(ren) receive WIC? Yes ☐ No ☐

If the answer is yes to any of the above questions (1-7), your family is eligible for TANF services. Please circle the correct family size and annual income on the chart below. This information will be used to determine the amount of funds the state will contribute for your child to receive high quality pre-k. Your child cannot receive state support without this information.

Family Size	100% of Poverty	200% of Poverty	300% of Poverty	400% of Poverty
1	\$10,400	\$20,800	\$31,200	\$41,600
2	\$14,000	\$28,000	\$42,000	\$56,000
3	\$17,600	\$35,200	\$52,800	\$70,400
4	\$21,200	\$42,400	\$63,600	\$84,800
5	\$24,800	\$49,600	\$74,400	\$99,200
6	\$28,400	\$56,800	\$85,200	\$113,600
7	\$32,000	\$64,000	\$96,000	\$128,000
8	\$35,600	\$71,200	\$106,800	\$142,400

**AFFIRMATION:** I certify under penalty of perjury that the information given above, including family size and gross income, is correct and true to the best of my knowledge.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness if Signed by X \_\_\_\_\_ Date \_\_\_\_\_

To be submitted on-line AND mailed to the Alabama Office of School Readiness

## APPENDIX X

# Alabama Pre-Kindergarten Program Child Demographic Information Form

Name of Program:\_\_\_\_\_ County:\_\_\_\_\_ Report Month:\_\_\_\_\_

Contact Person:\_\_\_\_\_ Telephone Number:\_\_\_\_\_

## Class Data

[illegible]

To be submitted on-line (Aug/Sept/Oct, January, May)

## APPENDIX Y

### Alabama Pre-Kindergarten Program Mid-Year Teacher Training Verification

Program Name: _____	County: _____
Contact Person: _____	
Telephone Number: _____	

Date	Topic of Training	Name/Position of Attendant	Credited Hours

Note: Copies of this form and certificates of attendance must be kept on-site

## APPENDIX Z

### Alabama Pre-Kindergarten Program End-of-Year Report

Name: \_\_\_\_\_ County: \_\_\_\_\_

#### **General Program Operations**

1. List the two greatest benefits of your program
2. List the two greatest challenges of your program

#### **Services Information**

As a Result of Your State Supported Classroom:

3. Describe any evidence of increased use of community services by the children and their families.
4. Describe evidence of child academic gains
5. Describe specific practices that you are using to increase the academic achievement of the children
6. Describe evidence of decreases in child problem behaviors
7. Describe evidence of improved child, family, and/or school outcomes

#### **Instructional Services Curriculum**

8. List the two greatest challenges of curriculum implementation
9. List the two easiest components of curriculum implementation

#### **Professional Development**

12. Describe evidence of increased teacher knowledge or skill
13. Describe evidence of improved child-teacher interactions, and classroom management
14. Describe evidence of child academic gains related to professional development

#### **OSR Technical Assistance**

15. List the two greatest benefits of OSR technical assistance
16. Describe additional assistance needed from your technical assistant
17. Give any additional comments that you have regarding your OSR technical assistant

#### **Collaborative Task Force**

19. List the greatest gains from your collaborative task force
20. List the greatest challenges for your collaborative task force
21. Indicate lessons learned while pulling together your collaborative task force
22. Describe the impact that your collaborative task force has had on the success of the pre-k program

### **Mentorship**

23. List the programs that you have assisted in your county
24. Describe how you have assisted the above-mentioned programs
25. List the outcomes of your assistance

### **Attachments**

Please mail any material to the Alabama Office of School Readiness that helps describe your program and documents your success, such as photographs, program data charts, news clippings, maps, videotapes, or website addresses. Also please send copies of any written evaluations that may have been completed for your program.

# Alabama Pre-Kindergarten Program End-of-Year Teacher Training Verification

Telephone Number: \_\_\_\_\_ Name of Teacher: \_\_\_\_\_

To be submitted on-line



# Alabama Pre-Kindergarten Program Task Force Sign-In Sheet

Program Name: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

[illegible]

NOTE: All sign-in sheets should be kept on-site

## APPENDIX CC

### Alabama Pre-Kindergarten Program Task Force Meeting Verification

Program Name: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Task Force Meeting: \_\_\_\_\_ Number in Attendance: \_\_\_\_\_

Brief Summary of Meeting:

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- ☐ Attach copy of task force agenda
- ☐ Attach copy of task force sign-in sheet

NOTE: Copies of this form must be kept on-site

## APPENDIX DD

### Alabama Pre-Kindergarten Program **Suggested Topics to Cover During Parent Orientation**

1. State/local Guidelines for Program Operation
2. How to Complete Required Paperwork
3. Developmentally Appropriate Practice for 4-Year-Olds
4. Developmental Checklist
5. What Parents Should Expect from Program
6. What Program Staff Will Expect from Parents
7. Anticipated Outcomes of Participation in Program
8. Upcoming Events and Deadline